STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Alaska

CASE MANAGEMENT SERVICES

A. Target Group: Medicaid-eligible substance-abusing adults and children for whom care coordination services have been found to be a treatment need in an intake assessment, during an evaluation or at a reassessment, and are certified as medically necessary in a treatment plan signed by supervising staff in, or the director of, a substance abuse treatment center.

B. Areas of State in which services will be provided:

X Entire State.

/ / Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

/ / Services are provided in accordance with section 1902(a)(10)(B) of the Act.

X Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Care coordination means those activities conducted by a substance abuse coordinator to identify necessary and appropriate services a recipient needs in order to successfully recover, and to assist the recipient in obtaining those services. The service must be separate from other reimburseable services.

E. Qualification of Providers:

Programs which are approved as providers of substance-abuse services by the Division of Alcoholism and Drug Abuse and hold a valid certificate under 7 AAC 29.010- 7 AAC 29.900.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Alaska

CASE MANAGEMENT SERVICES

A. Target Group: Medicaid-eligible mentally ill children and adults whose illness is severe enough that case management services are determined to be medically necessary and are specified in a written treatment plan which has been approved and signed by a physician or mental health professional clinician.

B. Areas of State in which services will be provided:

/X/ Entire State.

/ / Only in the following geographic areas (authority of section 1915(g)(1 of the Act is invoked to provide services less than Statewide:

C Comparability of Services

/ / Services are provided in accordance with section 1902(a)(10)(B) of the Act.

/X/ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Family support (for children) and client support (for adults) services coordinate treatment services, facilitate access to appropriate/necessary services, monitor service delivery and progress, and advocate for appropriate services. Limited to treatment plan prescription, but not to exceed 15 hours per month, 180 hours per 12 months. Service must be rendered by a mental health clinical associate or professional clinician, and **cannot be a part of any other reimbursable service.**

E. Qualification of Providers:

Must be a "Community Mental Health Clinic", which means a program operating under the provisions of AS 47.30.520 -- AS 47.30.620 and headed by a physician, or by a psychologist or a mental health professional clinician under the general direction of a physician.

State/Territory: Alaska

F The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

CASE MANAGEMENT SERVICES

A. Target Group:

Infants and toddlers at risk for or currently experiencing developmental delays or with disabilities who are eligible for Alaska Infant Learning Program services under Alaska Administrative Code 07 ACC 23.080.

B. Areas of State in which services will be provided:

__X__ Entire State
___ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide.)

C. Comparability of Services:

___ Services are provided in accordance with section 1902 (a)(10)(B) of the Act.
__X__ Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Case management is provided to children in the target group to assist and enable the eligible child to gain access to needed medical, social, educational, developmental and other appropriate services. The case manager is responsible for coordinating all services across agency lines and serving as the single point of contact in helping child and family obtain the services and assistance they need. Case management may be delivered in person, electronically, or by telephone for the purpose of enabling the eligible child and family to obtain the needed services.

Case management services include:

Intake and Needs Assessment
Ongoing systematic, data collection to determine current status and identify needs in physical, environmental, psychosocial, developmental, educational, social, behavioral, emotional, and mobility areas. Data sources include family interviews, existing available records, and needs assessments.

Plan of Care: Development of Individualized Family Service Plan (IFSP)
The case manager (service coordinator) develops a case plan (IFSP), in conjunction with the family and other IFSP team members to identify goals, objectives and issues discovered through the assessment process. Case

CASE MANAGEMENT SERVICES

planning (IFSP) includes determining activities to be completed by the case manager, in support of the child and family. These activities include accessing appropriate health and mental health, social, educational, vocational, and transportation services to meet the child's needs.

Service Coordination and Monitoring

a. Linkages - establishing and maintaining a referral process with pertinent individuals and agencies which avoids duplication of services to the child and family.

b. Planning - Identifying needs, writing goals and objectives, and determining resources to meet those needs in a coordinated, integrated fashion with the family and other IFSP team members.

c. Implementation - Putting the plan (IFSP) into action and monitoring its status.

d. Support - Support is provided to assist the family to reach the goals of the plan; especially if resources are inadequate or the service delivery system is non-responsive.

Reassessment and Transition Planning

The case manager (service coordinator), in consultation with the family and other IFSP team members, determines whether or not the linked services continue to meet the child and family's needs, and if not, adjustments are made and new or additional referrals are made to adequately meet the defined child and family needs.

These services:

a) Assist families of eligible children in gaining access to Infant Learning Program services and other medical or social services identified in the IFSP;
b) Coordinate Infant Learning Program services and other medical or social services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
c) Assist families in identifying available medical and social service providers;
d) Coordinate and monitor the delivery of available medical or social services;
e) Inform families of medical/social service availability;
f) Maintain a record of case management activities in each child's file.

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E. Qualification of Case Managers (Service Coordinators)

Case managers (service coordinators) must be employees of the Alaska Infant Learning Program contracting or subcontracting agency and meet the relevant personnel standards. Service Coordinators must have demonstrated knowledge and understanding about:

a) The Alaska Infant Learning Program;
b) The nature and scope of Medicaid and other services available under the Alaska Infant Learning Program, the system of payments for services and other pertinent information.
c) Infants and toddlers eligible for this program

F. Qualifications of Provider Organizations

Provider organizations must be contractors or subcontractors with the Department of Health and Social Services for the provision of Infant Learning Program services under Alaska Administrative code 07 ACC 23.030.

G. The state assures that the provision of Case Management services will not restrict an individual's free choice of providers in violation of section 1902 (a)(23) of the Act.

1. Eligible consumers will have free choice of the providers of case management services.
2. Eligible consumers will have free choice of the providers of other medical care under this plan.

H. Payment for Case Management services under the plan does not duplicate payments made to public or private entities under other program authorities for this same purpose.

CASE MANAGEMENT SERVICES

Section 1915(g) of the Social Security Act is the Authority for this Amendment.

A. Target Group

Targeted case management services are provided to all Medicaid eligible recipients under age 21 and who are currently residing in an in-home setting, a foster home, group home, residential care facility, or independent living situation under the responsibility of the Department of Health and Social Services.

B. Areas of State in which services will be provided:

/X/ Entire State.

/ / Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

/ / Services are provided in accordance with section 1902(a)(10)(B) of the Act.

/X/ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services

Case management services include:

Assessment
After the need for targeted case management services has been determined, the case manager assesses the specific areas of concern, family strengths and resources, community resources and extended family resources available to resolve those identified issues. At assessment, the case manager makes preliminary decisions about needed medical, social, educational, or other services, and the level of agency intervention required.

Case Planning
The case manager develops a case plan in conjunction with the client and family to identify goals and objectives to resolve the issues of concern identified through the assessment process. Case planning involves outlining activities to be completed by the case manager, the family, and client. The case plan includes ways to access medical, social, educational, and other services to meet the client's needs.

Case Plan Implementation
The case manager links the client and family with appropriate agencies and medical, social, educational or other services by calling or visiting these resources. The case manager facilitates implementation of agreed-upon services by ensuring clients and providers fully understand how the services support their case plan and then assisting the client and family to access the services.

Case Plan Coordination
After these linkages have been completed, the case manager will evaluate, on an ongoing basis, the level of involvement of the client and family and whether or not the medical, social, educational, or other services are being provided and used as agreed upon. Coordination activities include, but are not limited to, personal, mail, email, and telephone contacts with providers, and well as meetings with the client and family.

Case Plan Reassessment
The case manager determines whether or not medical, social, educational or other services continue to adequately meet the goals and objectives identified in the case plan. Reassessment decisions include those to continue, change, or terminate those services. This may include assisting clients to access different medical, social, educational or other needed services beyond those already provided. Reassessment activities include, but are not limited to, staffings, and personal, email, mail, and telephone contacts with involved parties.

E. Qualifications of Case Managers

1. Completion of training in case management curriculum approved by the Department of Health and Social Services.

2. Basic knowledge of behavior management techniques, family dynamics, child development, family counseling techniques, emotional and behavioral disorders.

3. Skill in interviewing to gather data and complete needs assessment, in preparation of narratives/reports, in development of service plans, and in individual and group communication.

4. Ability to work with court systems, to learn state and federal rules, laws and guidelines relating to child welfare, and to gain knowledge about community resources.

F. Qualifications of Providers

Provider Organizations
Case management provider organizations must be certified as meeting the following criteria:

a) A minimum of three years experience of successful work with children and families, involving a demonstrated capacity to provide all core elements of case management, including Assessment, Case Planning, Case Plan Implementation, Case Plan Coordination, and Case Plan Reassessment.

b) A minimum of three years case management experience in coordinating and linking community medical, social, educational or other resources as required by the target population.

c) A minimum of three years experience working with the target population.

d) Administrative capacity to ensure quality of services in accordance with state and federal requirements.

e) Financial management system which provides documentation of services and costs.

f) Capacity to document and maintain individual case records in accordance with state and federal requirements.

g) Demonstrated commitment to ensure a referral consistent with section 1902a(23), freedom of choice of providers.

G. The State assures that the provision of case management services not restrict an Individual/s free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

H. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Additional Assurance

Payments for targeted case management will be made through the MMIS system. The state Medicaid agency assures that no case management administrative activities will be billed as targeted case management services. Department of Health and Social Services staff will utilize the approved Random Moment Time Sampling process to allocate case management administrative activities as separate costs, distinct from targeted case management services. Other providers of targeted case management must also provide assurances that they will not bill other federal programs. Payments for targeted case management will be made through the MMIS system to all qualified provider organizations. Use of this system assures that duplicate payments will not be made to more than one provider for targeted case management services provided to the same client.

CASE MANAGEMENT SERVICES

Section 1915(g) of the Social Security Act is the Authority for this Amendment.

A. Target Group

The target group consists of AI/AN served by health care facilities operated under the authority of 25 U.S.C. 450 - 458 bbb-2 (P.L. 93-638) which are located in the State of Alaska.
The target group includes elder care; individuals with diabetes; children and adults with health and social service care needs; and pregnant women. Services provided under this section are referred to as Tribal Targeted Case Management Services.

B. Areas of State in which services will be provided:

/X/ Entire State.

/ / Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

/ / Services are provided in accordance with section 1902(a)(10)(B) of the Act.

/X/ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services

Tribal Targeted Case management services include:

1. Assessment
   After the need for tribal targeted case management services has been determined, the tribal case manager assesses the specific areas of concern, family strengths and resources, community resources and extended family resources available to resolve those identified issues. At assessment, the tribal case manager makes preliminary decisions about needed medical, social, educational, or other services and the level or direction tribal case management will take.

2. Case Planning
The tribal case manager develops a case plan, in conjunction with the client and family (where applicable), to identify the goals and objectives, which are designed to resolve the issues of concern identified through the assessment process. Case planning includes outlining activities to be completed by the tribal case manager, the family and client. The case planning activity includes accessing medical, social, educational, and other services to meet the clients' needs.

3. Case Plan Implementation
The tribal case manager links the client and family with appropriate agencies and medical, social, educational, or other services by calling or visiting these resources. The tribal case manager facilitates implementation of agreed-upon services by ensuring the clients and providers fully understand how the services support their case plan and then assisting the client and family to access them.

4. Case Plan Coordination
After these linkages have been established, the tribal case manager will perform an ongoing evaluation of whether or not the medical, social, educational, or other services are being provided and used as agreed. Coordination activities include, personal, mail and telephone contacts with providers and others identified by the case plan, and meetings with the client and family.

5. Case Plan Reassessment
The tribal case manager works with the individual to determine whether or not medical, social, educational or other services continue to be adequate to meet the goals and objectives identified in the case plan. Reassessment decisions include those to continue, change or terminate those services. Reassessment will also determine whether the case plan itself requires revision. This may include assisting clients to access different medical, social, educational or other needed services beyond those already provided. Reassessment activities include, staffing and mail, personal, and telephone contacts with involved parties.

E. Qualifications of Case Managers within Provider Organizations:

Completion of a case management training curriculum.

Basic knowledge of issues in the areas of behavior management techniques, family dynamics, child development, family counseling techniques, emotional and behavioral disorders, chronic disease, and aging.

Interviewing skills for gathering data and completing needs assessments to develop service and case plans and their related narratives/reports.

Skills in individual and group communication.

Ability to learn and work with state, federal and tribal rules, laws and guidelines relating to Native American child, adult and elder welfare and to gain knowledge about community resources and link tribal members with those resources.

F. Qualifications of Provider Organizations

A Tribal case management provider must be an organization certified as meeting the following criteria:

A. Minimum of three years experience of successful work with Native American children, families, and elders involving a demonstrated capacity to provide all core elements of tribal case management, including: Assessment, Case Planning, Case Plan Implementation, Case Plan Coordination, and Case Plan Reassessment.

B. Minimum of three years case management experience in coordinating and linking community medical, social, educational or other resources as required by the target population.

C. Administrative capacity to ensure quality of services in accordance with tribal, state, and Federal requirements.

D. Maintain a sufficient number of case managers to ensure access to targeted case management services.

F. Freedom of Choice

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical

Care under the plan.

(a) When an individual is served through an approved Section 1915(b) waiver, the terms of that waiver will govern freedom of choice of the providers of other medical care under the plan.

G. Payment

Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.